

(Number)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application

[] Supplemental (37 C.F.R. §1.67)

As a named inventor, I hereby declare that:

(Country)

My residence, mailing address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 2 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

	METHODS OF T	REATING INTES	TINAL INFLAMMATION			-			
			v						
the spe	ecification of which (check one)							
[]	is attached hereto.								
[X]	was filed on OCTOBER 17, 2003 as United States Application Number 10/688,194.								
[]	was filed on [] as	PCT International	Application No. [] and assigned U	Jnited 1	States A	Appl	icatio	n No	.[].
[]	and was amended	on [] (if applica	ble).				,		
includ			d understand the contents of the about	ve-ide	ntified	spec	ificat	ion,	
	including for continudate of the prior appli	iation-in-part appli	formation which is material to pater cations, material information which onal or PCT international filing date	becam	e availa	able	betwe	en th	
United for pat	entor's certificate, or o States of America, li	of any PCT interna isted below and ha ificate, or of any Po	its under 35 U.S.C. 119 or 365 of an tional application which designated we also identified below, by checkin CT international application having	at least g the b	one co ox, any	ountr fore	y oth	er tha pplic	n the ation
		Prior Foreign Application(s)			Priority Not Claimed		Certified Copy Filed? YES NO		
(Numb	per)	(Country)	(Day/Month/Year filed)	_ []	[]	[]
(Numb	per)	(Country)	(Day/Month/Year filed)	_ []	[]	[]

(Day/Month/Year filed)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole			
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Inventor's Signature	Parlala	Date	6/1/04
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Full name of second jo	pint		
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Inventor's Signature	Co Mandons	Date	6110104
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Citizenship	Greece 05m/6/10/04		
Mailing Address	Same as above		

STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.25(a))-NONPROEIT ORGANIZATION

DOCKET NUMBER: 1440.2014-003

	GTRADE				
Applicant or F		Christos Mantzoros			
Filed or Issue					
Title:		INTESTINAL INFLAMMATION			
•					
I hereby state	that I am an official empowered to act on bel	half of the nonprofit organization identified below:			
NAI	ME OF NONPROFIT ORGANIZATION	Beth Israel Deaconess Medical Center, Inc.			
ADI	DRESS OF NONPROFIT ORGANIZATION				
		Boston, Massachusetts 02215			
TYPE OF NO	NPROFIT ORGANIZATION:				
r 1	INIVERSITY OF OTHER INSTITUTION	NOT HIGHER EDUCATION			
[] UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION [X] TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C.501(a) and 501(c)(3))					
[]	IONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA				
	(NAME OF STATE)			
	(CITATION OF STATUTE				
[]	WOULD QUALIFY AS TAX EXEMPT U	NDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3)) IF			
	LOCATED IN THE UNITED STATES OF				
ſl	WOULD QUALIFY AS NONPROFIT SCI	IENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED			
	STATES OF AMERICA IF LOCATED IN				
	(NAME OF STATE				
	(CITATION OF STATUTE)			
[] [X] [] I hereby identified invention must a person unde	the specification filed herewith with title as the application identified above. the patent identified above. y state that the rights under contract or law had the contract of the rights held by the nonprofit orget file separate statements as to their status as	at and Trademark Office regarding the invention described in: alisted above. ave been conveyed to and remain with the nonprofit organization regarding the above ganization are not exclusive, each individual, concern, or organization having rights in the small entities. No rights to the invention are held by any person who would not qualify as a would not qualify as a small business concern under 37 CFR 1.27(a)(2) or a nonprofit			
Each ac [X] []	Iditional person, concern, or organization have no such person, concern, or organization exeach such person, concern, or organization				
entity status p	icknowledge the duty to file, in this application of paying, or at the time of paying, the earnger appropriate. (37 CFR 1.27(g)(2))	on or patent, notification of any change in status resulting in loss of entitlement to small arliest of the issue fee or any maintenance fee due after the date on which status as a small			
NAME OF PI	ERSON SIGNING	Mark Chalek			
TITLE IN OR	GANIZATION OF PERSON SIGNING	Chief, Business Ventures			
ADDRESS O	F PERSON SIGNING	Beth Israel Deaconess Medical Center, Inc. 330 Brookline Avenue, Boston, MA 02215			
SIGNATURE	Much Ohela	DATE 1/2/6/09			